

# REFERRAL FORM

**Which service do you require?**

Supervised contact	£75.00 per hour	<input style="width: 100%; height: 20px;" type="text"/>
Supported contact	£45.00 per hour	<input style="width: 100%; height: 20px;" type="text"/>
Handover contact	£20.00 each way	<input style="width: 100%; height: 20px;" type="text"/>

**Which centre do you wish to attend?**

Leeds (mid week or alt Sundays only)	<input style="width: 100%; height: 20px;" type="text"/>
Bradford (alt Saturdays only)	<input style="width: 100%; height: 20px;" type="text"/>

Frequency required (circle as appropriate)
Please state parties preferred availability to attend (circle as appropriate)

Weekly	Fortnightly	Monthly	Other
Wednesday Leeds only	Thursday Leeds only	Saturday Bradford only	..... Sunday Leeds only

**Non-refundable referral fee of £100 enclosed** (a date and time for the first appointment will be given only on receipt of **both** referral form and referral fee)

<b>Is this referral ordered by the Court</b> (If yes, a copy of the Order must accompany the referral form)	Yes	No
<b>Are there on-going criminal investigations or pending Findings of Fact at the time of referral</b> (please note, if yes, the referral will not be accepted)	Yes	No

**Please be aware that Families Forward do not provide additional reports for the Court other than observations notes that are provided to each party, nor do we attend Court proceedings**

**1. Children**

Name	Gender	Date of birth	Name of Carer
	M/F		
	M/F		
	M/F		
	M/F		

2. **Parties**

	<b>Resident Party</b>	<b>Non-resident Party</b>
Name		
Relationship to child		
Address (must be completed)		
Telephone Number		
Email address (please provide)		
Solicitor details if applicable (name, firm, address, contact telephone number and email)		

3. **Referrer**

Name	
Agency and address	
Telephone Number	

4. **Languages spoken at home**

First language:	Other language:
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Is an interpreter needed for contact? If yes, this must be agreed prior to contact started and agreed through an independent organisation (ie not friends or family). Please note, the arrangement and cost of any interpretation service is not the responsibility of Families Forward	Yes	No
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5. **Does the child/ren, young person/s have a medical condition, disability, learning or behavioural disorder that we need to be aware of?**

Yes	<input type="checkbox"/>	If yes, please give details
No	<input type="checkbox"/>	

6. **Does either party have a medical condition or disability (including a learning difficulty) that we need to be aware of?**

Yes

No


If yes, please give details

7. **Why does the contact need to be supervised?** (This section must be completed. Please give details, eg concerns of abuse, history of substance misuse/violence, no contact for some time. Include any prior convictions/cautions committed by either party)

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8. **What is the purpose/plan of supervised contact?** (Please give as much information as possible to avoid delay)

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9. **Is there, or has there been, any other agencies involved, eg Social Care/CAFCASS/Domestic Violence programme (If yes, please attach any reports completed or contact details for other professionals involved)**

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10. **Has contact previously taken place at any other contact centre, and why was it stopped?**

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11. **We hereby undertake that we have answered the above questions to the best of our knowledge. We understand that all information provided to Families Forward will be used for the sole purpose of the facilitation of contact.**

**Parties**

<b>Resident Party</b>	<b>Non-Resident Party</b>
Signed:	Signed:
Date:	Date:

Please return referral form to:  
**Families Forward**  
 Oaktree House, 408 Oakwood Lane, Leeds LS8 3LG  
 Telephone 0113 235 9322  
 Email [office@familiesforward.org.uk](mailto:office@familiesforward.org.uk)  
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